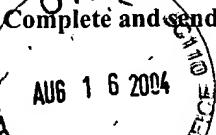


**PART B - FEE(S) TRANSMITTAL**



Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**(703) 746-4000**

or **Fax**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated, unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

08791 7590 06/08/2004

**BLAKELY SOKOLOFF TAYLOR & ZAFMAN**  
**12400 WILSHIRE BOULEVARD, SEVENTH FLOOR**  
**LOS ANGELES, CA 90025**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

**Susan McFarlane**

(Depositor's name)

*Susan McFarlane*

(Signature)

8/10/2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/704,458	11/01/2000	Kent Erickson	003239.P085	3998

TITLE OF INVENTION: CONNECTION PROTECTION BETWEEN CLIENTS AND OPTICAL CROSS-CONNECT SWITCHES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1330	\$0	\$1330	09/08/2004
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EXAMINER	ART UNIT	CLASS-SUBCLASS
HEALY, BRIAN	2874	385-024000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

1 Blakely Sokoloff

2 Taylor & Zafman

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

XROS, INC.

Santa Clara, CA

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee

A check in the amount of the fee(s) is enclosed.

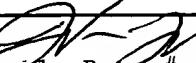
Publication Fee

Payment by credit card. Form PTO-2038 is attached.

Advance Order - # of Copies 10

The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)  (Date) <u>8/10/04</u>	08/17/2004 DEHMANU2 00000089 09704458
William W. Schaal, Reg. # 39,018	01 FC:1501 1330.00 OP
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.	02 FC:8001 30.00 OP
<p>This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.</p> <p>Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.</p>	

TRANSMIT THIS FORM WITH FEE(S)



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/704,458
		Filing Date	November 1, 2000
		First Named Inventor	Kent Erickson
		Art Unit	2874
		Examiner Name	Brian Healy
Total Number of Pages in This Submission	6	Attorney Docket Number	3239P085

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response <div style="margin-left: 20px;"> <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)         </div> <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <div style="margin-left: 20px;"> <input type="checkbox"/> PTO/SB/08         </div> <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <div style="margin-left: 20px;"> <input type="checkbox"/> Basic Filing Fee  <input type="checkbox"/> Declaration/POA         </div> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<div style="border: 1px solid black; padding: 5px;">           Fee(s) Due Transmittal w/ Copy            Fee Address Indication Form         </div>	
			<input type="checkbox"/> Remarks	

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	William W. Schaal, Reg. No. 39,018  <b>BLAKELY, SOKOLOFF, TAYLOR &amp; ZAFMAN LLP</b>
Signature	
Date	August 10, 2004

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Susan McFarlane		
Signature		Date	August 10, 2004

Based on PTO/SB/21 (04-04) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 06/04/2004.  
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AUG 16 2004

Effective 01/01/2004. Patent fees are subject to annual revision.

# FEET TRANSMITTAL for FY 2004

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$)

Complete if Known	
Application Number	09/704,458
Filing Date	November 1, 2000
First Named Inventor	Kent Erickson
Examiner Name	Brian Healy
Art Unit	2874
Attorney Docket No.	3239p085

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

Deposit Account

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	770	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee
<b>SUBTOTAL (1)</b>		(\$)		

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	60**	= <input type="text"/> X <input type="text"/> = <input type="text"/>	
Multiple Dependent	5	= <input type="text"/> X <input type="text"/> = <input type="text"/>	

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		(\$)		

\*\*or number previously paid, if greater. For Reissues, see below

### 3. ADDITIONAL FEES

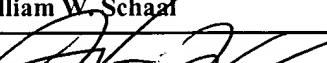
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65 Surcharge - late filing fee or oath
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet.
2053	130	2053	130 Non-English specification
1812	2,520	1812	2,520 For filing a request for ex parte reexamination
1804	920 *	1804	920 * Requesting publication of SIR prior to Examiner action
1805	1,840 *	1805	1,840 * Requesting publication of SIR after Examiner action
1251	110	2251	55 Extension for reply within first month
1252	420	2252	210 Extension for reply within second month
1253	950	2253	475 Extension for reply within third month
1254	1,480	2254	740 Extension for reply within fourth month
1255	2,010	2255	1,005 Extension for reply within fifth month
1404	330	2401	165 Notice of Appeal
1402	330	2402	165 Filing a brief in support of an appeal
1403	290	2403	145 Request for oral hearing
1451	1,510	2451	1,510 Petition to institute a public use proceeding
1452	110	2452	55 Petition to revive - unavoidable
1453	1,330	2453	665 Petition to revive - unintentional
1501	1,330	2501	665 Utility issue fee (or reissue)
1502	480	2502	240 Design issue fee
1503	640	2503	320 Plant issue fee
1460	130	2460	130 Petitions to the Commissioner
1807	50	1807	50 Processing fee under 37 CFR 1.17(q)
1806	180	1806	180 Submission of Information Disclosure Stmt
8021	40	8021	40 Recording each patent assignment per property (times number of properties)
1809	770	1809	385 Filing a submission after final rejection (37 CFR § 1.129(a))
1810	770	2810	385 For each additional invention to be examined (37 CFR § 1.129(b))
1801	770	2801	385 Request for Continued Examination (RCE)
1802	900	1802	900 Request for expedited examination of a design application
			10 Advance copies of patent
			30.00

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$)

1,360.00

## SUBMITTED BY

Name (Print/Type)	William W. Schaeff	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	08/10/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 02/10/2004.  
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